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## IMPORTANT NOTICE TELECOPY/FACSIMILE COVER LETTER

TO: MAIL STOP AF  
U.S. Patent & Trademark Office

DATE: May 10, 2005

FROM: Carol W. Burton, Esq.

TIME: \_\_\_\_\_

TOTAL NO. OF PAGES, INCLUDING COVER: 10

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### MESSAGE:

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### FOR INTERNAL PURPOSES ONLY

TELECOPY/FAX NUMBER: 703.872.9306  
CLIENT NUMBER: 20617.0002  
ATTORNEY BILLING NUMBER: 73049  
CONFIRMATION NUMBER: \_\_\_\_\_

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Attorney Docket No. TOMK0002  
Client Matter No. 20617.0002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                 |                  |                           |
|-----------------|------------------|---------------------------|
| Serial No.      | 10/692,998       | Confirmation No. 9351     |
| Application of: | Graham DAVIES    | Title: AMPHIBIOUS VEHICLE |
| Filed:          | October 24, 2003 |                           |
| TC/A.U.         | 3617             |                           |
| Examiner:       | Andrew D. WRIGHT |                           |
| Docket No.      | TOMK0002         |                           |
| Customer No.    | 25235            |                           |

CERTIFICATE OF FACSIMILE TRANSMITTAL

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Sir:

The undersigned hereby certifies that the attached

1. Amendment & Response to Advisory Action and Petition for 1-Month Extension;
2. Fee Transmittal; and

this Certificate of Facsimile Transmittal relating to the above application, were faxed to 703.872.9306 on May 10, 2005.

May 10, 2005

  
\_\_\_\_\_  
Dane Stephenson

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032  
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 360.00

**Complete If Known**

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/692,998       |
| Filing Date          | OCTOBER 24, 2003 |
| First Named Inventor | Graham DAVIS     |
| Examiner Name        | Andrew D. WRIGHT |
| Art Unit             | 3617             |
| Attorney Docket No.  | TOMK0002         |

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-1123 Deposit Account Name: HOGAN & HARTSON L.L.P.

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims Extra Claims Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

6 - 3 or HP =

3

x

100.00

=

300.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

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Fee Paid (\$)

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**4. OTHER FEE(S)**


Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): REQUEST 1-MONTH EXTENSION

60.00

**SUBMITTED BY**

|                   |   |  |                        |
|-------------------|---|--|------------------------|
| Signature         |  | Registration No. (Attorney/Agent) 35,465 | Telephone 303.454.2454 |
| Name (Print/Type) | CAROL W. BURTON, ESQ.   |  | Date MAY 10, 2005      |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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